Department of Veterans Affairs

AUTHORIZATION FOR RELEASE OF INFORMATION

1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*	2. FILE NUMBER
	3. DATE OF BIRTH
5. NAME AND ADDRESS OF HOSPITAL OR PHYSICIAN	4. SOCIAL SECURITY NUMBER
	6. DATES OF TREATMENT

I, the undersigned, hereby authorize the hospital or physician shown in Item 5 to disclose and release to the Department of Veterans Affairs (VA) any information that may have been obtained in connection with physical examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. The responses which are submitted may be disclosed as permitted by law outside VA. I understand I may revoke this authorization at any time except to the extent action has already been taken in reliance thereon: This request is valid for ninety (90) days from the date in Item 7B unless sooner revoked by me in writing.

7A. SIGNATURE OF VETERAN OR LEGAL REPRESENTATIVE	7B. DATE
8A. SIGNATURE OF WITNESS (Required)	8B. DATE

VA FORM MAR 1992 **21-4142**

SUPERSEDES VA FORM 21-4142, AUG 1989, WHICH WILL NOT BE USED.

Department of Veterans Affairs

AUTHORIZATION FOR RELEASE OF INFORMATION

1. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN *(Type or print)*

2. FILE NUMBER

3. DATE OF BIRTH

5. NAME AND ADDRESS OF HOSPITAL OR PHYSICIAN

4. SOCIAL SECURITY NUMBER

6. DATES OF TREATMENT

I, the undersigned, hereby authorize the hospital or physician shown in Item 5 to disclose and release to the Department of Veterans Affairs (VA) any information that may have been obtained in connection with physical examination or treatment, with the understanding that VA will use this information in determining my eligibility to veterans benefits I have claimed. The responses which are submitted may be disclosed as permitted by law outside VA. I understand I may revoke this authorization at any time except to the extent action has already been taken in reliance thereon: This request is valid for ninety (90) days from the date in Item 7B unless sooner revoked by me in writing.

7A. SIGNATURE OF VETERAN OR LEGAL REPRESENTATIVE

7B. DATE

8A. SIGNATURE OF WITNESS (Required)

8B. DATE

VA FORM MAR 1992 **21-4142**

SUPERSEDES VA FORM 21-4142, AUG 1989, WHICH WILL NOT BE USED.